



CHECKING/SAVINGS WITHDRAWAL AUTHORIZATION AGREEMENT

I (We) authorize Temple Kol Ami to automatically withdraw all financial obligations, including, but not limited to Membership Support, Religious School, Early Childhood Center, Youth Group and other donations and pledges owed to Temple Kol Ami from my Checking/Savings Account. This authority is to remain in effect until I provide written notification to Temple Kol Ami to discontinue the use of the account number provided. Additionally, should I need to change the authorized account number, I (We) agree to provide a new account number with a new voided check/deposit slip.

As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of Temple Kol Ami, Scottsdale, AZ, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. This authority is to remain in effect until revoked by me in writing and until the Bank actually receives such notice. I agree that the bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated.

Please select which account you would like to use:  Checking  Savings

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check here.

CREDIT CARD AUTHORIZATION AGREEMENT

I (We) authorize Temple Kol Ami to process all financial obligations, including but not limited to, Membership Support, Religious School, Youth Group, Early Childhood Center, and other donations and pledges owed to Temple Kol Ami on my credit card. This authority is to remain in effect until I provide written notification to Temple Kol Ami to discontinue the use of the card provided. Additionally, should I need to change the authorized credit card number, I (We) agree to provide a new credit card number either in writing or via telephone authorization.

please note: there is a 4% administrative fee for every credit/debit card transaction

VISA  MasterCard  Discover  American Express

Name (as it appears on card): \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp.: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_